C.L. "BUTCH" OTTER – Governor RICHARD M, ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6826 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

July 9, 2010

Merinda Halladay, Administrator Belmont Care Center 5<sup>th</sup> Street 6150 South 5<sup>th</sup> Street Pocatello, Idaho 83204

RE: Belmont Care Center 5<sup>th</sup> Street

Dear Ms. Halladay:

This is to advise you of the findings of the Initial Medicaid/Licensure Fire Life Safety Survey, which was concluded at Belmont Care Center 5<sup>th</sup> Street, on July 1, 2010.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey. Also, enclosed is a similar form stating that no State licensure deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208)334-6626.

Sincerely,

MÁRK P. GRIMES Health Facility Surveyor

Facility Fire Safety and Construction Program

MPG/li

Enclosures

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

Printed: 07/07/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING Λ1 B. WING \_ 13G079 07/01/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **BELMONT CARE CENTER 5TH STREET** 6150 SOUTH 5TH STREET POCATELLO, ID 83204 (X5)(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION COMPLETION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 The facility is single story Type V(000) unprotected construction. The building has a complete automatic sprinkler system that was installed on April 28, 2010, in accordance with NFPA 13R, with coverage throughout including closets and bathrooms. There is an automatic fire alarm system with smoke detection throughout and manual pull stations are located at each of the two exits to grade. The fire alarm system is interconnected with the sprinkler system and was installed on April 26, 2010. The facility is currently licensed for 12 ICF/MR beds. The facility was found to be in substantial compliance during the initial certification life safety code survey conducted on July 1, 2010. The facility was surveyed under the Life Safety Code, 2000 Edition, Chapter 32 New Residential Board and Care Occupancies, Impractical Evacuation Capabilities, adopted March 11, 2003 in accordance with 42 CFR 483.470. The initial life safety code survey was conducted by: Taylor Barkley Health facility Surveyor Facility Fire Safety and Construction LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

(X2) MULTIPLE CONSTRUCTION

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 07/07/2010 FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13G079

A. BUILDING B. WING \_

07/01/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BELMONT CARE CENTER 5TH STREET		6150 SOUTH 5TH STREET POCATELLO, ID 83204			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCI (EACH DEFICIENCY MUST BE PRECEDED B' REGULATORY OR LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
M 000	16.03.11 Inital Comments		M 000		
	The facility is single story Type V(000) unprotected construction. The building complete automatic sprinkler system the installed on April 28, 2010, in accordant NFPA 13R, with coverage throughout it closets and bathrooms. There is an autire alarm system with smoke detection throughout and manual pull stations and teach of the two exits to grade. The final system is interconnected with the spring system and was installed on April 26, 2 facility is currently licensed for 12 ICF/IT.  The facility was found to be in substant compliance during the initial licensure is code survey conducted on July 1, 2010 facility was surveyed under the Life Sa 2000 Edition, Chapter 32 New Resider and Care Occupancies, Impractical Ev Capabilities, and in accordance with IC 16.03.11.  The initial life safety code survey was deposited by:  Taylor Barkley Health facility Surveyor Facility Fire Safety and Construction	nat was nee with including itomatic nee located fire alarm nkler 2010. The MR beds. tial life safety D. The fety Code, ntial Board vacuation DAPA			
	Y DIRECTOR'S OR PROVIDER/SUPPLIER REPRESI		ATURE	TITLE	(X6) DATE

T8BD21